Professor Buser, could you briefly explain what the ITI Treatment Guide is and how it came about?

Professor Daniel Buser: About six years ago the ITI decided to intensify its activities in the field of education as a way of raising the level of quality in daily practice. Another factor is that since 1993 the ITI has organized Consensus Conferences on a regular basis to discuss current topics in implant dentistry and analyze current literature in peer-reviewed journals in order to substantiate clinical procedures with scientific evidence. The results are published in the ITI Consensus Papers and then used by the ITI as a basis for further education. Although these Consensus Papers comprise top scientific information, they are not ideally suited as a tool for direct use in daily practice as they do not provide step-by-step clinical recommendations.

So about two years ago, we started to plan a series of clinically oriented textbooks that would provide very detailed instructions on how to treat patients using implant therapy. This idea evolved into a concept for a cookbook-style step-by-step guide showing practitioners how to approach different clinical situations. Each volume discusses a clinical topic within a very narrow set of indications and provides a comprehensive overview of various options throughout the entire treatment spectrum. As such, the ITI Treatment Guide series complements the Consensus papers perfectly.

Which needs within the professional community does the ITI Treatment Guide aim to fulfill?

DB: Over the last few years, implant therapy has achieved excellent acceptance not only with dentists but also with patients. Today it is generally regarded as a viable treatment alternative to conventional options. Based on that we have observed increased use of implant therapy in daily practice. Many colleagues have started to use dental implants, either both surgically and prosthetically or just prosthetically. Consequently we are facing a significant challenge in trying to ensure that dental implants are placed safely in tens of thousands of patients. The reputa-
tion of implant therapy is currently very good as a result of all the measures that have been undertaken in universities and specialized practices. There is a danger, however, that the work of less qualified colleagues might lead to a rise in the failure rate and an ensuing loss of reputation. The ITI Treatment Guide aims to by-pass such a scenario by making solid clinical knowledge and scientific documentation available and by drawing attention to the risks involved in each treatment option.

Who is your target audience?
DB: The primary target audience is the average dental professional who – among other therapies – makes use of some implant treatment in daily practice. Straumann alone for example has around 100,000 customers worldwide, and it stands to reason that the level of experience of such a large number of colleagues varies. Therefore we – the ITI – need to do everything we can to support our colleagues in improving their skills in implant dentistry so they can provide patients with the best possible treatment. That’s why the ITI carries out so many educational activities, and the ITI Treatment Guide is just one of them.

If the ITI Treatment Guide is aimed at the average dentist, will experienced dentists draw any benefit from it as well?
DB: I believe they will, because the ITI Treatment Guide will offer a completely new approach to knowledge transfer. For example, at conferences, one often sees attention-grabbing titles like “immediate restoration”, “immediate placement” or “flapless surgery”. All these topics are strongly marketing driven by companies, but also by colleagues who are interested in raising their profile. Although most of these procedures are valid under specific circumstances, they can be very risky, as they have only very limited application in daily practice. Just take the example of flapless surgery: we know today that, in the case of single tooth replacements, flapless surgery might be applicable in maybe 5 percent of cases, but when attending certain lectures it is easy to come away with the impression that it can be applied universally. And this is what the ITI Treatment Guide is all about. For one specific, well-defined topic such as “loading protocols in implant therapy”, we offer a complete, comprehensive view of the options that are available and the conditions under which each option is to be used. For example, we give practitioners guidelines on when to use immediate or early restoration.

Additionally we provide a very objective view of the conditions that have to be considered. These cover, for example, the level of complexity of the treatment, the level of risk involved, the evidence available in terms of scientific documentation for the respective approach, its cost effectiveness and so on.

In summary, we are trying to set a new standard by providing dental professionals with the complete picture on a given clinical topic, step-by-step, decision-tree type information, based on which they can determine the best solution in a given situation.

Isn’t there a certain risk that the ITI Treatment Guide might tempt relatively inexperienced practitioners to carry out therapies and treatments without being appropriately qualified?
DB: No, on the contrary, the ITI Treatment Guide will actually help to avoid such situations, because it explicitly includes the aspects of risk level and complexity of treatment as part of the discussion. For example, we state clearly that immediate implant placement in the edentulous maxilla is a very complex type of treatment that – although a valid form of treatment – should only be carried out by highly experienced teams of surgeons and prosthodontists as it clearly involves an increased risk of complications. We are convinced that those colleagues who aren’t appropriately qualified will get the message that this kind of treatment is something they would be better off not attempting. And that’s why I think we need to present the options so objectively and comprehensively.

Why does the ITI consider itself to be the right organization to undertake such an ambitious project? How is the ITI qualified to do this?
DB: The ITI is an academic organization of very experienced clinicians and researchers.
It is very important that non-commercial, academic institutions are the driving force behind these kinds of educational activities and not implant manufacturers. Obviously we want implant companies to bring well-designed, quality products to market, so we try to make sure that they are well tested clinically before they are launched. But companies are not in a position to make recommendations on how to treat patients because they just don’t have the expertise. Such recommendations have to come from clinicians, and the ITI is a group of very experienced clinicians and researchers and therefore perfectly qualified to carry out this project.

How are the authors selected, based on which qualifications and by whom?
DB: Each volume of the ITI Treatment Guide will be written by a group of authors and contributors who have been chosen by the ITI Education Committee based on their qualifications and experience. Most of the authors were already involved in the discussions and literature reviews at a number of Consensus Conferences. Similarly, the ITI Education Committee asked most of the group that discussed loading protocols at the 2003 Consensus Conference in Gstaad if they would be willing to contribute to a Treatment Guide volume dealing with that topic.

I think it is also important to mention that none of the authors are contributing to make any money. But as I strongly believe that the ITI Treatment Guide will turn out to be a much respected series of publications and very popular among clinicians, naturally it offers its authors and contributors excellent exposure within the professional community.

The first volume of the ITI Treatment Guide will address “implant therapy in the esthetic zone”; why was the topic “esthetics” chosen to kick off the series?
DB: “Implant esthetics” has been a popular topic for at least 10 years now and is still very attractive. It is also a very interesting and maybe even controversial topic. Some implant manufacturers convey the impression that it’s the number one or even the only topic in implant therapy, but this is definitely not the case.

“Esthetics in implant dentistry” was one of the four topics we discussed at the last Consensus Conference and we decided to start off the series with single tooth replacement in the esthetic zone. The following volumes will address loading protocols, implant placement in extraction sockets and so on, covering basically all the burning questions that were discussed at all the Consensus Conferences. Of course there are still a lot of open questions and much to debate, which is another reason why this is such a good topic.

How will the ITI continue with the series, how many volumes are planned?
DB: The first volume of the ITI Treatment Guide entitled “Implant Therapy in the Esthetic Zone – Single Tooth Replacements” will be coming out in the second half of 2006. It took us much longer than originally anticipated as we set ourselves very high standards. So this first volume will act as the benchmark in terms of quality, features and layout for all the volumes that follow. So far we have decided on the topics for six volumes, and I could easily list at least ten topics for another ten volumes, but it is a tremendously time-consuming process that requires a lot of work. However, when you have the first volume in your hands, you will see that it was worth the effort.

In terms of frequency I would love to have a volume out every three months, but I know that this is unrealistic. I believe it would be fantastic if we were able to publish one volume every six months.

Why did you choose Quintessence as your publisher?
DB: It is important to say that we are confident that Quintessence is the ideal publisher for the ITI Treatment Guide. Quintessence has a great deal of experience, an outstanding reputation in the publishing world of dentistry and, last but not least, an excellent global distribution network. I am very happy that we were able to work together with Quintessence on this project. The Treatment Guide remains, however, principally an ITI product and is clearly branded as such.

Will ITI Fellows and Members have preferential rates when buying the Treatment Guide?
DB: I am very pleased to say that every ITI Fellow and Member will receive a copy of the Treatment Guide free of charge. It will also be a part of the welcome package for every new member. I believe that this will be a very valuable membership benefit that also helps to further position the ITI and disseminate its philosophy globally.